# 2013 Medicare Advantage Plans in Washington state by county

Data as of October 12, 2012

Does not include PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series)

For the most current information, contact the plan directly or go to www.medicare.gov and click on "Find Health & Drug Plans"

County	Organization Name	Plan Name	Contract ID	Plan ID	Type of Medicare Health Plan	Consolidated Premium	Monthly Premium with Full Extra Help	Annual Drug Deductible	Drug Benefit Type	Additional Coverage	In-Network Office Visit/ Specialist Visit		МООР
	Community HealthFirst Medicare Advantage Plan												
		Community HealthFirst MA Pharmacy Plan (HMO)	H5826	009	Local HMC	\$61	\$37.40	\$0	Enhanced	No Gap Coverage	\$0/\$30	D, V	\$3,400

## **Key to types of Medicare Advantage plans**

**Local HMO:** A Health Maintenance Organization is available in certain counties only. In most HMOs, the plan pays for care only with doctors, specialists, or hospitals on the plan's list - except in an emergency.

**Local PPO:** A Preferred Provider Organization available in certain counties only. In most PPOs, you pay less if you use doctors or hospitals, and other providers that belong to the network. For an added cost, you can use out-of-network doctors, hospitals, and other providers.

**PFFS:** A Private Fee-for-Service Plan. In a PFFS, you can go to any Medicare-approved doctor or hospital that accepts the plan's payment. When you need care, always check with your doctor to see if he or she participates in the plan.

**HMO-POS:** An HMO plan with a Point-of-Service plan option. An HMO-POS option pays for care with doctors, providers, and hospitals outside the plan for an added cost.

## **Key to Drug Benefit Type**

Basic: These plans offer basic coverage with standard deductible, copays, and coverage gap.

**Enhanced:** These plans may have higher monthly premiums than basic plans and may offer added benefits, such as no deductible, lower copayments, or some coverage during the coverage gap.

#### **Key to Abbreviations**

D: Some dental coverage

H: Some hearing coverage

V: Some vision coverage

MOOP: Maximum Out of Pocket for all in-network Part A and B services

#### Need help?

For consumer tips before you buy a Medicare Advantage plan, call our Insurance Consumer Hotline at 1-800-562-6900 and ask to speak with a SHIBA counselor in your area.

<sup>\*</sup> Indicates this type of plan does not offer Part D drug coverage

(	County	Organization Name	Plan Name	Contract ID	Plan ID	Type of	Monthly	Monthly	Annual Drug	Drug	Type of	In-Network	Additional	MOOP
						Medicare	Consolidated	Premium	Deductible	Benefit	Additional Coverage	Office Visit/	Benefits	
						Health Plan	Premium	with Full		Type	Offered in the Gap	Specialist		
							(Includes	Extra Help				Visit		
							Part C + D)							
							,							